

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$6,780.00 for dates of service, commencing on 09/10/01 and extending through 10/19/01.
- b. The request was received on 06/05/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60
 1. HCFA 1500s
 2. Medical Audit summary/EOB/TWCC 62 form
 - b. Additional documentation requested on 06/24/02 and received on 07/05/02
 1. Position statement
 2. HCFA 1500s
 3. Medical Audit summary/EOB/TWCC 62 form
 4. Medical records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Carrier 3 day response received 06/10/02
 1. TWCC 60a
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (4), the Division forwarded a letter requesting additional information to the carrier on 07/09/02. The respondent did not respond to the request for additional documentation. Its initial response is reflected in Exhibit II.
4. Notice of a letter requesting additional information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 06/27/02

“As you will find in the documentation attached, (Requestor) does provide on-site supervision of every patient in an inter-disciplinary program. There is documentation of his evaluation of patient before and after completion of program. He did make any necessary changes to treatment plan and documented improvement. Provider and inter-disciplinary staff meet once a week as documented to keep doctor informed of all daily activities. The carrier did not specify what the documentation was lacking on initial EOB, or after reconsideration. They sent second batch of EOB stating that their position remained the same, but did not state why.”

2. Respondent: No position statement found.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 09/10/01 and extending through 10/19/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$8,475.00 for services rendered on the above dates in dispute.
4. The Requestor has not used modifier “AP” to indicate accreditation by CARF; therefore, the hourly reimbursement for the program will be reduced by 20% below the maximum allowable reimbursement in accordance with the Medical Fee Guideline.
5. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the above dates in dispute.
6. The Carrier's EOBs denies reimbursement as “N DOCUMENTATION DOES NOT MEET TWCC REQUIREMENTS FOR WORK HARDENING PROGRAM”.
7. Reconsideration EOBs continue to deny reimbursement as “O SUBMITTED DOCUMENTATION OF TREATMENT DOES NOT SUPPORT WORK HARDENING. SUGGEST WORK CONDITIONING. NO ADDITIONAL PAYMENT RECOMMENDED.”
8. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
09/10/01	97545 WH	\$150.00	\$0.00	N for all dates	\$51.20/hr Non-CARF	TWCC Rule 133.304 (c) MFG MGR (II) (C) (E); CPT Descriptor	TWCC Rule133.304 states “The explanation of benefits shall include the correct payment exception codes required by the Commission’s instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s action(s).” The Carrier’s EOBs and reconsideration EOBs do not address or support their denial for this service. The Carrier did not respond to the letter requesting additional information; therefore, the Carrier has not supported their denial in accordance with TWCC Rule 133.304 (c). Reimbursement of \$6,780.00 is recommended..
09/10/01	97546 WH	\$150.00	\$0.00				
09/11/01	97545 WH	\$150.00	\$0.00				
09/11/01	97546 WH	\$150.00	\$0.00				
09/12/01	97545 WH	\$150.00	\$0.00				
09/12/01	97546 WH	\$150.00	\$0.00				
09/17/01	97545 WH	\$150.00	\$0.00				
09/17/01	97546 WH	\$150.00	\$0.00				
09/19/01	97545 WH	\$150.00	\$0.00				
09/19/01	97546 WH	\$150.00	\$0.00				
09/20/01	97545 WH	\$150.00	\$0.00				
09/20/01	97546 WH	\$150.00	\$0.00				
09/21/01	97545 WH	\$150.00	\$0.00				
09/21/01	97546 WH	\$150.00	\$0.00				
09/24/01	97545 WH	\$150.00	\$0.00				
09/24/01	97546 WH	\$150.00	\$0.00				
09/25/01	97545 WH	\$150.00	\$0.00				
09/25/01	97546 WH	\$150.00	\$0.00				
09/26/01	97545 WH	\$150.00	\$0.00				
09/26/01	97546 WH	\$150.00	\$0.00				
09/27/01	97545 WH	\$150.00	\$0.00				
09/27/01	97546 WH	\$75.00	\$0.00				
09/28/01	97545 WH	\$150.00	\$0.00				
09/28/01	97546 WH	\$150.00	\$0.00				
10/01/01	97545 WH	\$150.00	\$0.00				
10/01/01	97546 WH	\$150.00	\$0.00				
10/03/01	97545 WH	\$150.00	\$0.00				
10/03/01	97546 WH	\$150.00	\$0.00				
10/04/01	97545 WH	\$150.00	\$0.00				
10/04/01	97546 WH	\$150.00	\$0.00				
10/05/01	97545 WH	\$150.00	\$0.00				
10/05/01	97546 WH	\$150.00	\$0.00				
10/09/01	97545 WH	\$150.00	\$0.00				
10/09/01	97546 WH	\$225.00	\$0.00				
10/10/01	97545 WH	\$150.00	\$0.00				
10/10/01	97546 WH	\$150.00	\$0.00				
10/11/01	97545 WH	\$150.00	\$0.00				
10/11/01	97546 WH	\$225.00	\$0.00				
10/12/01	97545 WH	\$150.00	\$0.00				
10/12/01	97546 WH	\$300.00	\$0.00				
10/15/01	97545 WH	\$150.00	\$0.00				
10/15/01	97546 WH	\$300.00	\$0.00				
10/16/01	97545 WH	\$150.00	\$0.00				
10/16/01	97546 WH	\$450.00	\$0.00				
10/17/01	97545 WH	\$150.00	\$0.00				
10/17/01	97546 WH	\$225.00	\$0.00				
10/18/01	97545 WH	\$150.00	\$0.00				
10/18/01	97546 WH	\$300.00	\$0.00				
10/19/01	97545 WH	\$150.00	\$0.00				
10/19/01	97546 WH	\$225.00	\$0.00				
Totals		\$8475.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$6,780.00 .

The above Findings and Decision are hereby issued this 4th day of November 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

DT/dt

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$6,780.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 4th day of November 2002.

Carolyn Ollar
Supervisor - Medical Dispute Resolution Officer
Medical Review Division

CO/dt